ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Show
☐ Ms.
Mr. Artist VINCE LESKOSKY
(Last Name Last
Permanent 3290 WARRENSVILLE CTR RP. Address - # 405 SHAKER HIS
Street City
4-4122 Tel. (265) 283-6604
Zip Area Code
Temporary or Studio Address
Street City
Tel. () Zip Area Code
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?
Collaborator(If Any)
If May Show entries are not accepted or not sold:
Artist will pick up at Museum.
Museum should dispose of.
Museum should ship to artist C.O.D. at this address:
x Mile, 12=0527
Special Instructions
When necessary include below instructions or a drawing of
how the object is to be assembled and displayed.
This entry blank must be fully made out and signed. Unsigned
entry blanks will not be accepted.
Note carefully calendar for delivery and return of objects. It is

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 7, 1981.

The submission of objects will be construed as acceptance of all conditions/printed in the entry information.

Signature Mul July

REJECTED

164(1)

REJECTED

DATE